

Community Association Registration Form



Name of Association: _____

Type of Association: (please select one)

☐ Homeowners Association ☐ Condominium Owners Association ☐ Private Utility District
☐ Planned Unit Development ☐ Community Association ☐ Other _____

Current Number of Association Members: _____

Do you have a property management group managing your association resources? ☐ Yes ☐ No

Name of Management Company: _____

Name of Manager: _____ Position: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Do you hold an annual meeting to elect new Board Members? ☐ Yes ☐ No

If yes, when is that meeting usually held? _____

What is the length of term for elected Board Members? ☐ 1 year ☐ 2 years ☐ Other _____

Primary Board Association Contact Information

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Please list all other current Association Board Members (attach additional sheets if necessary):

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

This form is due annually on or before January 15th, to South Jordan City Hall.
Updates of this form are required to be filed with the City after any change in Association Board Membership.
South Jordan Municipal Code Title 5.94.040 (B).